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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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2665

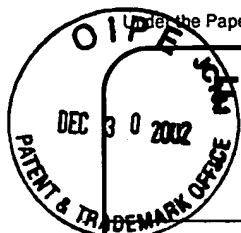
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/290,855	
	Filing Date	04/13/1999	
	First Named Inventor	Akram RECEIVED	
	Group Art Unit	2665 JAN 03 2003	
	Examiner Name	Phan, M.	
Total Number of Pages in This Submission	25	Attorney Docket Number	1233 Technology Center 2600

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Marked-up Version of Amended Specification (pages 10-13) Marked-up Version of Amended Claims (pages 14-15)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Gregg Jansen, Reg. No. 46,799
Signature	<i>Gregg Jansen</i>
Date	12/23/02

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>12/23/02</u>			
Typed or printed name	Susan E. Reimer		
Signature	<i>Susan E. Reimer</i>	Date	12/23/02

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FREE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 296

Complete if Known

Application Number 09/290,855
Filing Date 04/13/1999
First Named Inventor Akram
Examiner Name Phan, M.
Group / Art Unit 2665
Attorney Docket No. 1233

RECEIVED

JAN 03 2003

Technology Center 2000

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None
Order

☒ Deposit Account:

Deposit Account Number 21-0765

Deposit Account Name Sprint Communications Company, L.P.

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	2001	740	370	Utility filing fee	
1002	2002	330	165	Design filing fee	
1003	2003	510	255	Plant filing fee	
1004	2004	740	370	Reissue filing fee	
1005	2005	160	80	Provisional filing fee	
SUBTOTAL (1)					(\$ 0

2. EXTRA CLAIM FEES

Total Claims	21	-20 **	=	1	X	18	=	18
Independent Claims	6	-4 **	=	2	X	84	=	168
Multiple Dependent					X		=	0

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	2202	18	9	Claims in excess of 20
1201	2201	84	42	Independent claims in excess of 3
1203	2203	280	140	Multiple dependent claim, if not paid
1204	2204	84	42	** Reissue independent claims over original patent
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 186

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	2051	130	65	Surcharge - late filing fee or oath	
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet.	
1053	1053	130	130	Non-English specification	
1812	1812	2,520	2,520	For filing a request for reexamination	
1804	1804	920*	920*	Requesting publication of SIR prior to Examiner action	
1805	1805	1,840*	1,840*	Requesting publication of SIR after Examiner action	
1251	2251	110	55	Extension for reply within first month	110
1252	2252	400	200	Extension for reply within second month	
1253	2253	920	460	Extension for reply within third month	
1254	2254	1,440	720	Extension for reply within fourth month	
1255	2255	1,960	980	Extension for reply within fifth month	
1401	2401	320	160	Notice of Appeal	
1402	2402	320	160	Filing a brief in support of an appeal	
1403	2403	280	140	Request for oral hearing	
1451	1451	1,510	1,510	Petition to institute a public use proceeding	
1452	2452	110	55	Petition to revive - unavoidable	
1453	2453	1,280	640	Petition to revive - unintentional	
1501	2501	1,280	640	Utility issue fee (or reissue)	
1502	2502	460	230	Design issue fee	
1503	2503	620	310	Plant issue fee	
1460	1460	130	130	Petitions to the Commissioner	
1807	1807	50	50	Processing fee under 37 CFR 1.17 (q)	
1806	1806	180	180	Submission of Information Disclosure Stmt	
8021	8021	40	40	Recording each patent assignment per property (times number of properties)	
1809	2809	740	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	2810	740	370	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	2801	740	370	Request for Continued Examination (RCE)	
1802	1802	900	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 110

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Gregg Jansen	Registration No. Attorney/Agent)	46,799	Telephone	(303) 546-1300
Signature	Gregg Jansen	Date	12/23/02		

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